

Kentucky Office of Financial Institutions
Application for Certificate of Authority to Establish a
Credit Union Branch Office in Kentucky by an out-of-state Credit Union,
Pursuant To KRS 290.065

PART I. APPLICANT CREDIT UNION

Name:

Mailing Address & Zip Code:

Complete Street Address of Main Office:

Phone Number:

Chairman or President of Board:

Chief Executive Officer:

Home Phone No. of C.E.O. or Chairman:

Local Manager (Name):

Complete Address

Work Phone:

Home Phone:

PART II. CREDIT UNION DATA

Total Assets as of most recent month end:

Number of Potential Members:

Number of Members:

Date of Issuance of Charter:

Charter Number:

Number of persons in field of membership residing in KY (estimate):

Number of persons expected to be served from this branch (estimate):

- 1) Date of last examination by your Regulator:
- 2) Have discrepancies or concerns been corrected?
- 3) Is your credit union currently under any regulatory sanction?
- 4) Have you familiarized yourself with the KY Credit Union Act?
- 5) Are you aware that the loan interest rate ceiling in KY is 24%?
- 6) Date of last comprehensive audit by independent auditors:
- 7) Date of last account verification by independent auditors:

8) Does the credit union have multiple fields of membership or solicit Select Employee Groups (SEG's)?

PART III. CHARTER STATE

Regulatory Agency:

Credit Union Regulator's Name:

Title:

Complete Mailing Address:

Phone Number:

PART IV. INSURER OF SHARE ACCOUNTS

Are shares and deposits insured by the National Credit Union Administration? If no, then complete below.

Name:

Complete Mailing Address:

Phone Number:

Amount of Coverage per Account:

PART V. SPONSORING ORGANIZATION

Name:

Complete Mailing Address:

Phone Number:

Chief Executive Officer:

Nature of Business or Organization:

Number of Employees:

PART VI. BRANCH OFFICE DATA

Name to be displayed:

Complete Mailing Address:

Phone Number:

Is Branch Office to be located in sponsor's facility?

Name of sponsor's local installation:

Name of KY Resident Agent for Service of Process:

Complete Mailing Address:

Phone Number:

Briefly explain why this branch is necessary to adequately serve your members.

AGREEMENT

We, the undersigned, being duly authorized by the Board of Directors of Applicant Credit Union, do hereby request to operate a branch office in Kentucky. By resolution properly adopted by the Board of Directors (certified copy attached hereto), Applicant Credit Union hereby agrees to:

- (1) Grant loans at rates not in excess of the rates permitted for credit unions incorporated under this chapter;
- (2) Comply with the same consumer protection provisions that credit unions incorporated under this chapter must obey;
- (3) Designate and maintain an agent for the service of process in this state;
- (4) Submit copies of reports to the executive director when requested; and,
- (5) Allow the Executive Director of the Kentucky Office of Financial Institutions to examine Applicant or applicant's Kentucky branch or enter into cooperative or reciprocal agreements with the Applicant's regulatory authority for periodic examinations.

Signed this _____ day of 19__

Chairperson

Secretary